

02/12/2025

CENTRAL DISTRICT OF CALIFORNIA

BY DVE DEPUTY

DOCUMENT SUBMITTED THROUGH THE
ELECTRONIC DOCUMENT SUBMISSION SYSTEM

Jeff Macy
26175 Augusta Way, Lake Arrowhead, CA 92352
P.O. Box # 103 Twin Peaks, CA 92391

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

Jeff Macy

CASE NUMBER

5:24-cv-00902-KK-SHK

v.

Plaintiff(s)

CSA-18 Special Districts Public Works

Defendant(s).

REQUEST:
ADR PROCEDURE SELECTION

Pursuant to L.R. 16-15, the parties request that the Court approve the following ADR procedure:

- ☒ **ADR PROCEDURE NO. 1** - The parties shall appear before the
☒ magistrate judge assigned to the case **or** ☐ the magistrate judge in Santa Barbara
for such settlement proceedings as the judge may conduct or direct.
- ☐ **ADR PROCEDURE NO. 2** - The parties shall appear before a neutral selected
from the Court's Mediation Panel.
- ☐ **ADR PROCEDURE NO. 3** - The parties shall participate in a private dispute
resolution proceeding.

Dated: 2/7/25

Jeff Macy

Attorney for Plaintiff

Jeff Macy
in pro per

Dated: _____

Attorney for Plaintiff _____

Dated: _____

Attorney for Defendant _____

Dated: _____

Attorney for Defendant _____

NOTE: If additional signatures are required, attach an additional page to this request.

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: NAME: Jeff Macy FIRM NAME: STREET ADDRESS: P.O. Box # 103 CITY: Twin Peaks STATE: CA ZIP CODE: 92391 TELEPHONE NO. (909) 744-8480 FAX NO.: E-MAIL ADDRESS: 1611Bible.us@gmail.com ATTORNEY FOR (name):		FOR COURT USE ONLY CASE NUMBER: 5:24-cv-00902-KK-SHK JUDICIAL OFFICER: DEPARTMENT:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 West 3rd Street MAILING ADDRESS: 247 West 3rd Street CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Superior Court of California, County of San Bernardino		
PLAINTIFF/PETITIONER: Jeff Macy DEFENDANT/RESPONDENT: CSA-18 Special Districts Public Works		
PROOF OF ELECTRONIC SERVICE		

1. I am at least 18 years old.

a. My residence or business address is (specify):
P.O. Box # 433, Twin Peaks, CA 92391

b. My electronic service address is (specify):
Jerushastar@gmail.com

2. I electronically served the following documents (exact titles):

Request: ADR Procedure Selection

☐ The documents served are listed in an attachment. (Form POS-050(D)/EFS-050(D) may be used for this purpose.)

3. I electronically served the documents listed in 2 as follows:

a. Name of person served: Josephine DuSold & Kellie Shin

On behalf of (name or names of parties represented, if person served is an attorney):

CSA-18 Special Districts Public Works

b. Electronic service address of person served:

Josephine.DuSold@cc.sbcounty.gov & Kellie.Shin@cc.sbcounty.gov

c. On (date): 2/7/25

☐ The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment.
(Form POS-050(P)/EFS-050(P) may be used for this purpose.)

Date: 2/7/25

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Jerusha Macy

(TYPE OR PRINT NAME OF DECLARANT)


(SIGNATURE OF DECLARANT)